AZ HIPAA Medicaid Consortium

January 15, 2003
2:00 PM to 4:00 PM
AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Meeting Hosted By: Tina McClung, AHCCCS HIPAA Advisor & SME

Attendees:

ADHS	CIGNA	PHS
Jerri Gray	Jack Corcoran	Mary Kaehler
C. J. Major	**DES**	**UHC**
Carl Phillip	David Gardner	Tammy Klein
AHCCCS	Amanda Worth	**Verizon**
Angela Fischer	Bonnie Ann Smith	Marsha Solomon
Geoff Foden	Nicole Yarborough	
Matt Furze	**Evercare - United**	
Terri Greene	Vicki Johnson	
Gary Heller	**HCA**	
Margo Himes	Stacey Kruse	
Karen Kradle	Gustavo Moron	
Tina McClung	Carol Smallwood	
Nancy Mischung	Kathy Thurman	
Brent Ratterree	Mike Uchrin	
Diane Sanders	**HCS Maricopa**	
Daniel Saunders	Rob Mayer	
Frank Straka	**HCSD**	
Julie Swenson	Michael Wells	
Kathleen Taylor-Laws	**IHS**	
Phyllis Tracy	Charolett Melcher	
Tina Trout	**MCP & Schaller Anderson**	
Dave Walter	Melanee Jones	
Kyra Westlake		

1. Welcome
Welcome to everyone and thank you for attending.

2. Introductions
Gary introduces the AHCCCS HIPAA Team:
    Geoff Foden – Project Manager
    Phyllis Tracy – Test Lead
    Tina McClung – SME and Advisor
    Dave Walter – Transition, Contingency and Implementation Planning Lead
    Daniel Saunders – Minutes
    Brent Ratterree – Encounter Administrator
    Nancy Mischung – Applications Manager
    Lori Petre – AHCCCS Test Manager
    Margo Himes – Hawaii Account Executive
    Randy Chau, Ellen Abshire, Lim Yong – Visiting Hawaii Partners
Each attendee announces their name and affiliation.

3. General Housekeeping Items
a. Review of Minutes from Last Meeting
Minutes from the last meeting are accepted.

b. Consortium Member Sign-in List
The list circulates and Tina encourages attendees to initial next to their names and note any changes.

4. Purpose and Scope of Meeting
As in all of our meetings, we are seeking input from the attendees particularly about testing, implementation and transition planning.
The majority of this meeting will be spent on Transactions and Code Sets (TCS). We'll talk about what AHCCCS is doing for Privacy and Security (P&S) and then discuss other questions and issues.

5. Update on State-Wide HIPAA Activities
The HIPAAZ workgroup has their entity assessment in draft. All of the affected state agencies are naming their covered entities under the hybrid State of Arizona model.

6. Update on AHCCCS TCS HIPAA Activities
Things that we have completed, to date, include:
    ~ Mapping of all HIPAA transactions
    ~ Mapping of all HIPAA codes and values
    ~ Business gap analysis
    ~ General remediation plan
    ~ Selection of HIPAA Translator

We're in progress with the following items:
    ~ Local code mapping
    ~ Workgroups with Trading Partners
    ~ Requirements analysis for remediation
    ~ System Design Analysis for remediation
    ~ Transition, contingency and implementation planning
    ~ Testing strategy and planning
    ~ Development of trading partner and companion documents
    ~ Development of trading partner and business associate agreement language
    ~ Increased provider outreach

We still have to complete the following tasks:

~ Install, configure, map and test the translator
~ Validate technical infrastructure
~ Sign contracts with new HIPAA agreement language
~ Coding and internal testing
~ Business to business (B2B) testing

a. Work Group Activities

Regular 834 and 820 workgroup meetings are complete, but we conducted an ad hoc meeting during our last Encounters workgroup meeting regarding 2 issues that were resolved:

1) Maintenance Reason Codes for auto assign and enrollment choice;

We'll get those after another addenda is issued

So we're taking Mark Hart's suggestion to string them in Loop 2300 Element HD04 – you will get either one or none of them.

Terri Greene asks if we'll notice a difference in this string.

Tina points out that no HIPAA value is required in that string. Current values will continue to appear here until the values assigned by national data standards maintenance organization are available. Then, these values will become valid HIPAA values and they will have to be placed into the correct fields.

For now we're stringing many different things in here such as rate codes. The loop and the element are benefit coverages.

2) Maintenance Reason Codes defined as "no longer needed" have been mapped to either to a functional equivalency or a HIPAA value.

Some remediation on this is needed by the Applications team.

For the health plans, some of the codes absorbed by HIPAA functionality will have to be suppressed in the roster programs.

Tina will circulate an updated document when finalized for review and questions.

Encounters

A few final issues remain now that the regular workgroups are complete.

The BIN# in NCPDP, for example, is among a few fields that need definition. The BIN# is a field usually transmitted to the PBM from retail pharmacies.

The MCOs may have to apply for a BIN#; Brent is awaiting a response to this question from national.

Reinsurance Remit

There are a lot of case type fields that did not map over. The workgroup is trying to work with case level information that didn't map to the 835 easily.

Encounter Edits

A workgroup to be held for encounter edits because the syntax edits have to be absorbed by either the translator or regular processing. The MCOs really want to know details about how to bypass some edits with this information.

Mike Uchrin asks if that workgroup is still scheduled for 1-28-2003.

Tina replies that a couple more meetings are needed for the smaller issues, but that an edits meeting would be more productive once AHCCCS determines what can be customized in the translator.

b. Update on Local Codes Mapping

AHCCCS' first draft of a Local Code Mapping document is included in today's handouts.
Some codes are still pending a decision from the HCPCS Committee per Brent. He also points out that this example is just a preliminary draft that still needs additional QC before a final draft can be issued.

Mary Kaehler asks, What does "proposed code" mean?
This is what AHCCCS proposes to use.
Mary asks, are any of these adopted yet?
Some may be in effect in the system now but others are only from HCPCS releases in October 2002 and in the January/February 2003 release.
Karen Kradle points out that some have been released for April 2003 though we are not processing these at all yet.
Tina asks the group to review this document and comment on it so that she can forward those comments back to Brent and Karen.

Next AHCCCS needs to analyze these for mapping purposes. If they can be mapped one-to-one, that is great since we can end date one and start another, carry pricing over, if needed, carry limitation parameters over, where applicable.
However, an impact analysis to be conducted for codes that have one-to-many relationships, or code that map by provider type or place of service.

At present, our cutoff is for local codes is set to apply to claims and encounters with DOS prior to 10-16-03.
Jack Corcoran - Is that just for local codes or all codes?
Only for local codes.
Tina suggests that 10-1-03 would be a better cutoff date since it aligns with the contract year and asks if anyone present has any strong objections to using that date.
Mike Uchrin – There may be an impact to our provider networks.
The difference is 16 days and shouldn't present much more of a challenge.

Mary Kaehler asks, Will these be appended to the FFS schedule?
This means that whatever we do with codes will be in effect for DOS on, or after, 10-1-03.
Are we going to assume the pricing value is the same?
Don't assume anything on pricing or parameters. Per Brent, not all review is done much depends on the analysis of the impacts of modifiers and a further review of pricing structures.
Mary points out that usually April is when the bulk of changes occur in the FFS schedule. Our providers won't care as much about one-to-one codes swaps as they will about pricing fee schedule changes.
Tina speculates that local code changes with one-to-one relationships are likely to have their pricing remain the same, but that these may be priced a different way and others that need analysis cannot be predicted with certainty.
Mary – Is it possible to add the local codes that have one-to-one relationships, without pricing issues, to the fee schedule so that certain providers can be changed more quickly?
We don't want that. We want to have a clean cutoff for reporting.
Karen adds that we don't want HCPCS to drop a code once a provider has started to use a code and then find that its changed.

Bonnie Ann Smith – These local codes will change on DOS or Date of Submission?
Local codes to end date on our Reference tables on 9-30-03.
Bonnie – We need logic that says use this code on this date and that code on that date.
You should already have these since we send full reference files.

Conversion and Reporting
We report by CY so the 10-1-03 date will make conversion and reporting easier.

c. Trading Partner Agreements – Companion Documents

834 and 820
Tina has received only one comment, on the language code, related to these documents.
Tina will finalize the technical environment section of the TPA and update the companion documents.

270 and 271
This is complete and posted on the web.
Please forward any additional comments by 1-31-03 on these documents via the web.

837 transactions are the next to be prepared.

The target date for the technical and procedural sections will change and be updated as needs are identified by the infrastructure assessment and the translator.

d. AHCCCS HIPAA Translator Update

AHCCCS selected Mercator for our translator.
We acquired 2 servers to accommodate the translator.
We are planning for concurrent activities including installation and configuration of the translator to maximize our time.
Marsha Solomon of Verizon notes that they are also using Mercator.

e. Update on AHCCCS Project Schedule

Geoff references the Schedule handout, which has not changed since November's Consortium. We didn't want to publish multiple iterations of intermediate plans. At present, our plan is contingent on Mercator's scheduling.
We are having a kickoff meeting with Mercator tomorrow, 1-16-03.
AHCCCS will revise its schedule following this meeting to integrate all of Mercator's necessary tasks and determine how this will impact trading partner testing.
Group 2 should not be adversely affected.
Group 1 is likely to be conducted in mid to late April.
AHCCCS' new schedule will be published in the next couple of weeks, after discussions with Mercator but prior to the next Consortium meeting.

The requirements for Group 1 transactions are complete with the caveat that we don't have the translator in house yet.
System Design began on 12-16-02 and is nearly complete.
System Development began on 1-6-03.
Analysis for Group 2 transactions is still on schedule, apart from a couple of follow up meetings to finalize a few outstanding issues that Tina mentioned earlier. Analysis is scheduled for completion by the end of the month.
Phyllis will speak on some of our testing strategies that have been conceived to minimize impact to trading partner testing.

f. Update on AHCCCS Test Strategy & Test Planning

We in process of developing the test plan but we're planning for change. Our strategy and approach is developing in a realistic approach.

We're planning on a modification of a traditional 5-phase approach.
We'll incorporate these steps in a unique way to accommodate our compressed schedule.

Specific activities include:
Assessment of our test tracking tools to be used from unit testing through B2B testing. One is an in-house test-tracking product; the other is a web based tracking product.

Claredi to be used for our certification testing product and we're exploring how to utilize this tool in other ways such as for systems integration testing.

Tina interjects that she will email the Claredi package to today's participants.
Lori says packet gives good indication of direction.

A dedicated test region is being created for use in our testing. Mercator's schedule will determine how the many concurrent testing events will be conducted simultaneously in the test region.

Due to the restrictions in our schedule, we're planning to integrate UAT with the B2B testing.
We're looking for one or two pilot volunteers for each transaction to participate in comprehensive testing.
Mary Kaehler suggests including LTC scenarios in our testing.
Lori replies that we intend to prepare scenarios that are cross functional to address as many situations as possible and encourages today's participants to forward these types of suggestions and questions.

g. AHCCCS HIPAA Web Site

Jack Corcoran – Please publish pdf at a version lower than 5.1.

Find updates here for schedules, document postings, Consortium minutes, agendas, references, etc. External links may also be found here.
Be aware of version references to ensure that you've got the latest information.
We've only received about 12 emails in the last month and a half. Please use this resource for any questions that you may have.
We plan to assess the usefulness of the site by monitoring the trends.
We may adopt a FAQ section to accommodate a volume of similar questions once we accumulated enough data.

h. AHCCCS Transition, Contingency and Implementation Planning

We want a mechanism to support the health plans, to provide internal and external training, and to reduce as much risk as possible.

Tina will address our survey of readiness that is part of our contingency planning to help us understand how everyone on the outside is preparing for implementation.
From a transitional perspective, we want understand what you need from us to help you implement. These should include things such as contact listings, process references and dates.
We want to establish an integration implementation team that includes individuals from your organizations to help define the requirements needed for your implementation.

i. MCO Issue List

What is AHCCCS requiring in terms of certification testing by transaction before engaging in B2B testing?
The answer is detailed in the Claredi handout that Tina will email to today's participants. It will also be posted on the website.
In short, AHCCCS is going to certify its transactions, using the Claredi product, up to type 5 of 7 possible types.
Mercator has built in certification up to type 5.
We may use both – we're still strategizing at this point to make the best use of our time.
We noted about seven or eight different certification products in the Claredi document (accessible on the website) but the WEDI website has a full listing of other acceptable certifications.

j. Testing Readiness Survey

Tina comments on the survey results.

We didn't receive enough replies to aggregate the results.
Tina to allow a few more days for responses to come in.

Mary Kaehler asks: What is the status of the issues surrounding incoming paper claims translated into an outgoing HIPAA compliant encounters response?
Brent replies that some transactions can be requested on paper as attachments. Another option would be to use default values and then submit.
Tina to prepare and return a matrix of resolutions (Paper claims vs. HIPAA – a.k.a. "Pima matrix") devised by the workgroups. The resolutions in this matrix are the result of a careful review of the implementation guide.
Brent mentions that most have default values and only a few need paperwork from the provider.
Mary clarifies her question. Providers have been told that they can continue to submit on paper as a way to avoid full implementation.
A lot of our questions may be answered in the 4050 version of the implementation guides that are available for review. April is our next opportunity to address these questions.

7. Update on AHCCCS HIPAA Privacy & Security Project

Matt Devlin addresses the privacy and security topic's three phases: Pre-assessment, Detailed assessment and Remediation.
Pre-assessment identified and defined the major areas to be investigated for the second phase methodologies.
The detailed assessment described information flows in and out of divisions, in and out of the agency, identified gaps, and offered recommendations.
An internal workgroup has been formed to internally to evaluate 600-page document and evaluate some of the suggestions and analyze some of the risks.
A timeline is in development to accommodate privacy issues in order to comply with the implementation schedules.
A pre-emption report is also in development to evaluate instances in which compliance with both Medicaid and HIPAA requirements is not possible. There are very few instances where this is the case.
The overriding principle for confidentiality and safe guarding Medicaid information is that we should only be using and disclosing information for purposes directly related to the administration of the program.
We will provide continued guidance as sample policies are devised and become available. They will be posted on the website and available for your review and use.

8. Wrap-up – Other Questions and Concerns

Email desired agenda items and topics for inclusion in our next meeting.

9. Next Meeting: February 12, 2003, 2-4pm